

**CANNABIS
REGULATORY AGENCY

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

SUPPLEMENTAL INDIVIDUAL DEMOGRAPHICS

DEMOGRAPHIC INFORMATION

Please provide the following information regarding the supplemental individual.

Name (as appears on governmen	t issued ID)		Social Security Number	
Mailing Address			Date of Birth (mm/dd/yyyy)	
City	State	Zip Code	Phone	Email Address

PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)
Mailing Address			Phone
City	State	Zip Code	Email Address

VALIDATION - FOR DEPARTMENT USE ONLY				
CRA RECEIPT				

CRA 5406 (Rev Mar-2022)

Page 2 of 16